



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

Sewage Treatment Facility CAPACITY ASSURANCE

J:\shared\WEDR\APPLICATIONS-CollectionSystems\Notice Of Intent To Discharge -CAPACITY ASSURANCE for Sewage Treatment Facility 2/27/03

Instructions: The owner or operator of the downstream sewage treatment facility must complete and submit this Capacity Assurance Form to comply with Arizona Administrative Code (AAC) R18-9-E301(C)(1).

1. Sewage Treatment Facility: Name: _____ APP (Aquifer Protection Permit) Number: P _____ AZPDES Permit Number: _____ ADEQ Site Code: _____ Address: _____ _____ _____ Telephone No. _____ Fax No. _____	2. Owner/Operator for Facility Operation: Name: _____ Position: _____ Firm Name: _____ Address: _____ _____ _____ Telephone No. _____ Fax No. _____
3. Facility Capacity: Current 208 Plan* Approved Capacity: _____ (MGD) Constructed Capacity: _____ (MGD) APP Approved Capacity: _____ (MGD) AZPDES Discharge Limit: _____ (MGD) Operational Flow: _____ (MGD) *Areawide Wastewater Management Plan, per Section 208 of the Clean Water Act (State only capacity indicated in current approved plan on file with the Designated Management Agency)	4. Proposed Subdivision or other project: Name: _____ Design Flow: _____ (MGD) Provide list of all previously approved subdivisions, commercial and industrial customers and associated design flows. Total Design Flow Connected to Facility: _____ (MGD)

Capacity is expressed in million gallons per day (MGD) based on the monthly average capacity of the facility. **Operational Flow** is expressed in MGD based on the maximum monthly average flow for the last 12 months. **Design Flow** is based on the design flow for the proposed subdivision as submitted in accordance with AAC R18-9-E301.

5. Facility Plan and Schedule to Construct Additional Capacity: (Provide detail if total design flow connected to facility is greater than APP approved capacity)
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6. Capacity Assurance: To be completed by owner/operator identified in Item "2" above. I, _____, affirm that the additional volume of sewage delivered to the facility by the sewer collection system serving the proposed subdivision will not cause any flow or effluent quality limits of the facility's individual permit to be exceeded. I am aware that there are significant penalties for submitting false information including permit revocation as well as the possibility of fine and imprisonment for knowing violations. _____ Signature _____ Date
